



PLAN APPLICATION FORM
PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF BUILDING CODE ENFORCEMENT & DIVISION OF PLUMBING
101 SEA HERO ROAD, SUITE 100
FRANKFORT, KENTUCKY 40601-5405



BUILDING CODES: 502/ 573-0373 PLUMBING: 502/ 573-0397

NOTE: Complete all applicable spaces Today's Date: REV.01/2010

NAME OF PERSON SUBMITTING PLANS		Phone () - Ext		IS THE BCE PLAN REVIEW FEE INCLUDED WITH PLANS?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
MAILING ADDRESS: _____							
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY		STATE		ZIP CODE	
BUSINESS & PROJECT NAME: (Or tenant name if multi-tenant building) PLEASE NOTE IF PROJECT IS INSIDE OR OUTSIDE LIMITS OF CITY NOTED BELOW							
PROJECT LOCATION:		NUMBER/STREET, HWY OR ROAD (Please do not indicate P.O. Box or Postal Routes)		CITY		STATE KY ZIP CODE	
PROJECT LOCATED WITHIN CITY LIMITS?		<input type="checkbox"/> Yes <input type="checkbox"/> No		COUNTY			
OWNER (INDIVIDUAL & COMPANY)		PHONE () - Ext					
MAILING ADDRESS: _____							
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY		STATE		ZIP CODE	
ARCHITECT (NAME & FIRM)		PHONE () - Ext					
AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION		<input type="checkbox"/> Yes <input type="checkbox"/> No					
MAILING ADDRESS: _____							
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY		STATE		ZIP CODE	
NOTE: DESIGN CERTIFICATION REQUIRED. All buildings or structures requiring professional design (Architect or Engineer) by Section 122 of the 2007 KBC shall include a statement from the design professional in responsible charge indicating the Seismic Design Category for this specific site and the applicability of seismic bracing requirements for architectural, mechanical and electrical components and a statement to that effect shall be included with the initial construction documents submitted to the building code official having jurisdiction.							
ENGINEER (NAME & FIRM)		PHONE () - Ext					
MAILING ADDRESS: _____							
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY		STATE		ZIP CODE	
PROJECT CONTRACTOR		PHONE () - Ext					
MAILING ADDRESS: _____							
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY		STATE		ZIP CODE	
BUILDING INFORMATION							
NUMBER OF BUILDINGS IN THIS SUBMITTAL:		USE OF BUILDING(S) ie...restaurant, office, classroom, storage or other (please specify)					
BUILDING(S) IN THIS PROJECT IS / ARE:		<input type="checkbox"/> NEW FREESTANDING BUILDING		<input type="checkbox"/> NEW ADDITION TO EXISTING STRUCTURE		<input type="checkbox"/> RENOVATION ONLY	
TOTAL AREA IN NEW BLDG. OR ADDITION:		FT ²		NUMBER OF LEVELS (INCLUDING BASEMENT):		BASEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTAL AREA IN EXISTING BLDG.:		FT ²		DATE CONSTRUCTION TO BEGIN:		ESTIMATED COMPLETION DATE:	
TYPE OF PLAN SUBMITTALS							
BUILDING PLAN SUBMITTALS (Check the type of evaluations requested at this time)				SHOP DRAWING PLAN SUBMITTALS (Check the type of evaluations requested at this time)			
BUILDING PLAN REVIEW (BCE)		PLUMBING PLAN REVIEW		Suppression System (Sprinkler, CO ² , Etc.)		Range Hood System	
Full Building Review <input type="checkbox"/>		Plumbing Review ONLY <input type="checkbox"/>		Alarm Systems		Fuel Tank	
Expedited Site & Foundation Review <input type="checkbox"/>		Water Supply Review <input type="checkbox"/>		Boiler System		Elevator	
		Waste Water Review <input type="checkbox"/>		Bleacher Seating		Swimming Pool	
		Other (please specify) <input type="checkbox"/>				Prefabricated Truss <input type="checkbox"/>	
SUBMIT ONLY ONE SET FOR BCE				SUBMIT ONLY ONE SET OF PLANS FOR THE ABOVE			
THE INFORMATION IN THIS SECTION IS FOR THE DIVISION OF PLUMBING (TO BE COMPLETED BY PERSON SUBMITTING PLANS)							
DESIGN CAPACITY OF BUILDING:		NO. OF MALES		NO. OF FEMALES		ARE RESTROOMS ACCESSIBLE TO PUBLIC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SEWAGE DISPOSAL:		TYPE: <input type="checkbox"/> Municipal <input type="checkbox"/> Private				ARE RESTROOMS ACCESSIBLE TO DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WATER SUPPLY:							
<input type="checkbox"/> PUBLIC <input type="checkbox"/> DRILLED WELL <input type="checkbox"/> CISTERN <input type="checkbox"/> HAULED WATER <input type="checkbox"/> ROOF WATER <input type="checkbox"/> SPRING <input type="checkbox"/> STREAM							
IF PRIVATE, INDICATE THE TYPE AND THE DESIGN: _____							
BY WHOM:							
NAME		TITLE		REGISTRATION NUMBER			
THIS SECTION TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT OFFICIAL (Must be completed prior to sending Plumbing Plans to Frankfort)				THIS AREA FOR OFFICE USE ONLY			
REVIEWED BY:							
NAME							
TITLE		DATE					
APPROVED BY (COUNTY OR DISTRICT HEALTH DEPARTMENT)							

